

**CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION
BUSINESS OPERATIONS DIVISION
EBE PARTICIPATION FOR SUBCONTRACTORS AND/OR MATERIAL SUPPLIERS**

PRIME CONTRACTOR'S NAME: _____ BID OR RFP NUMBER: _____

START DATE: _____ TOTAL BID AMOUNT: \$ _____ TOTAL EBE AMOUNT: \$ _____

Please list below **all** proposed subcontractor(s) and/or material supplier(s) for this project.

EBE FIRM(s) NAME ADDRESS/CONTACT PERSON AND PHONE NUMBER	% OF BID	SUB-CONTRACTOR/OR SUPPLIER	WORK PERFORMED/ MATERIAL SUPPLIED	AMOUNT	AUTHORIZED EBE(S) OWNER/REPRESENTATIVE SIGNATURE OF ACKNOWLEDGMENT
1.					
2.					
3.					
4.					

Authorized Signature: _____ Print Name & Title: _____

RETURN THIS FORM WITH THE INVITATION-TO-BID AND/OR REQUEST FOR PROPOSAL.

Reviewed By: _____ Date: _____
PURCHASING AGENT (DOA) Business Operations Division

Reviewed By: _____ Date: _____
BUSINESS ANALYST SENIOR (DOA) EBE Program